KHIE
KENTUCKY HEALTH INFORMATION EXCHANGE

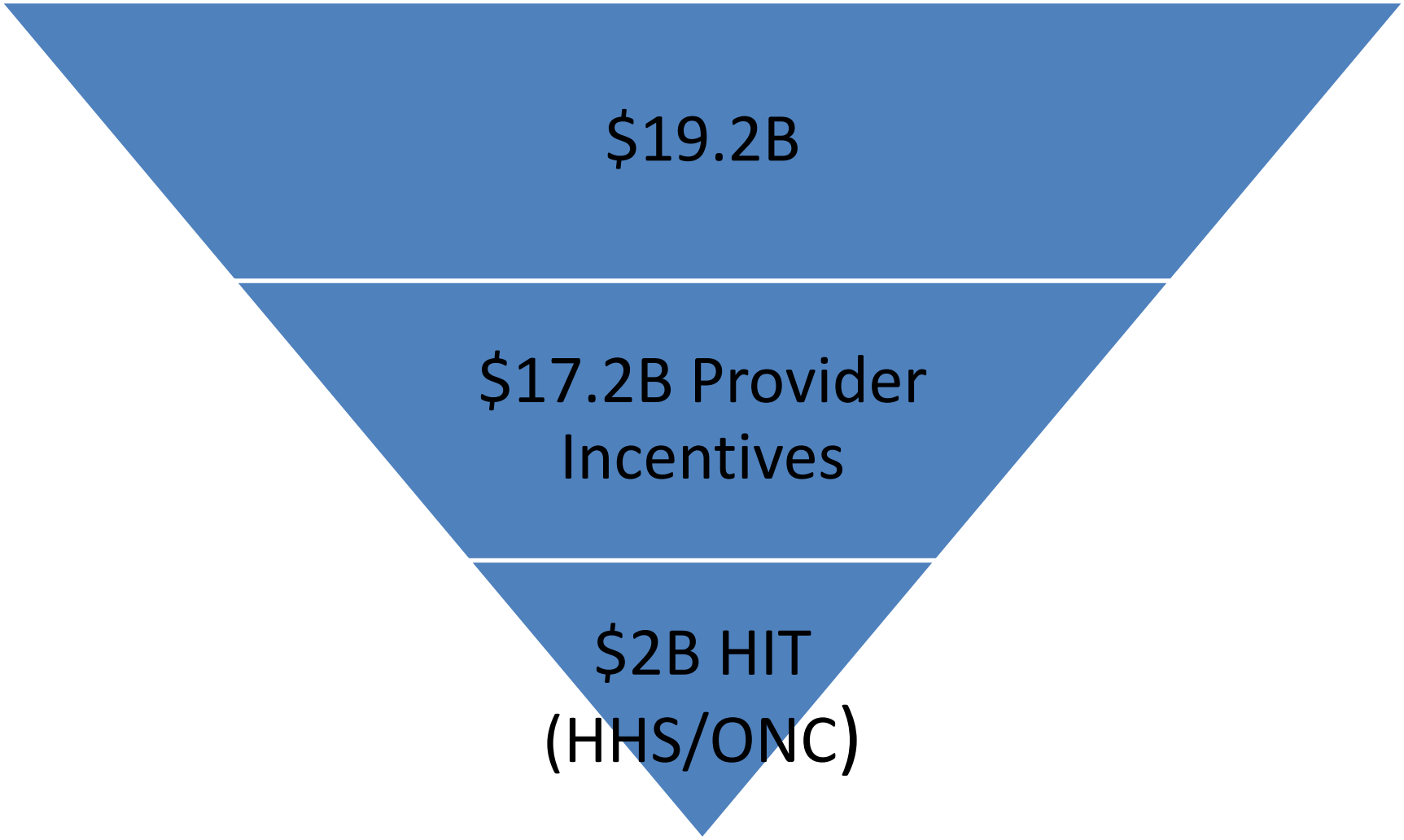
2011 Kentucky eHealth Summit:

Status of HITECH Health Information Technology Programs in Kentucky

Kentucky
UNBRIDLED SPIRIT

ARRA/HITECH

American Recovery and Reinvestment Act (ARRA)
Health Information Technology for Economic and Clinical Health (HITECH)



HITECH HIT Programs

- Regional Extension Centers
- HIT Workforce Development
- Kentucky Health Information Exchange

Why HIT?

Why do you need Health Information Technology including an Electronic Health Record?

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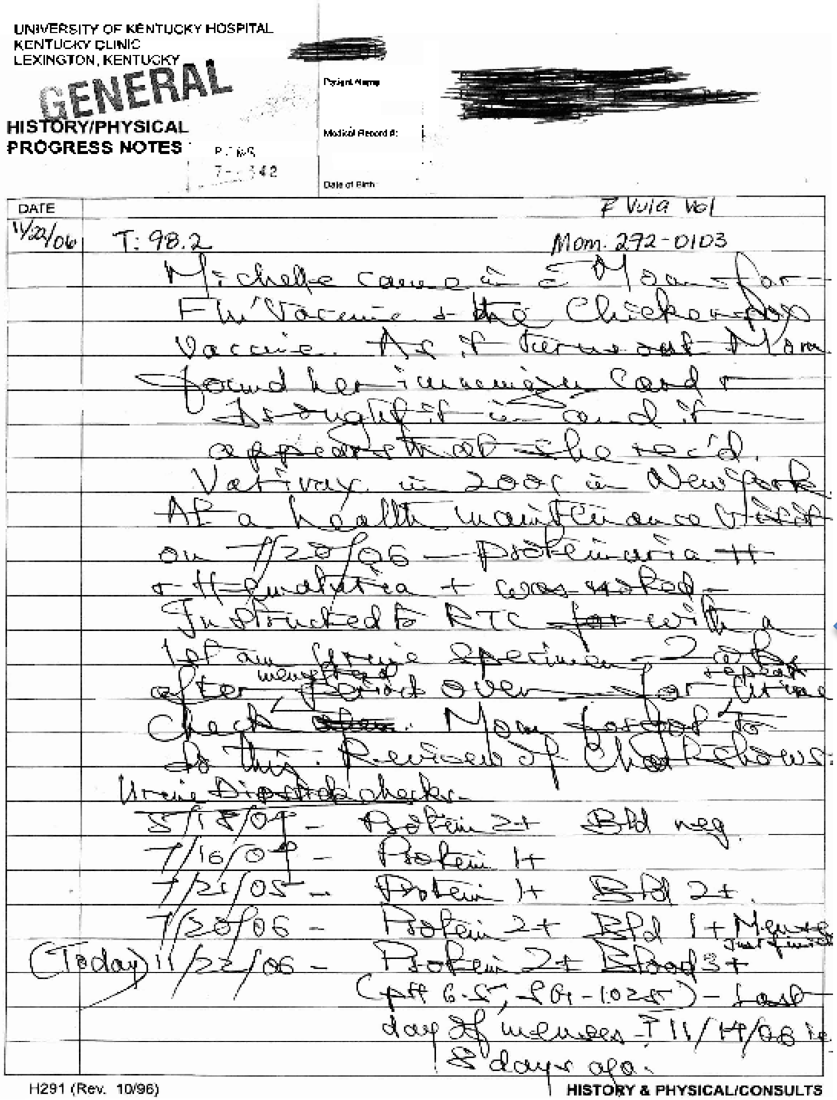

UNIVERSITY OF KENTUCKY HOSPITAL
KENTUCKY CLINIC
LEXINGTON, KENTUCKY

GENERAL

HISTORY/PHYSICAL
PROGRESS NOTES

[redacted]

Patient Name [redacted]

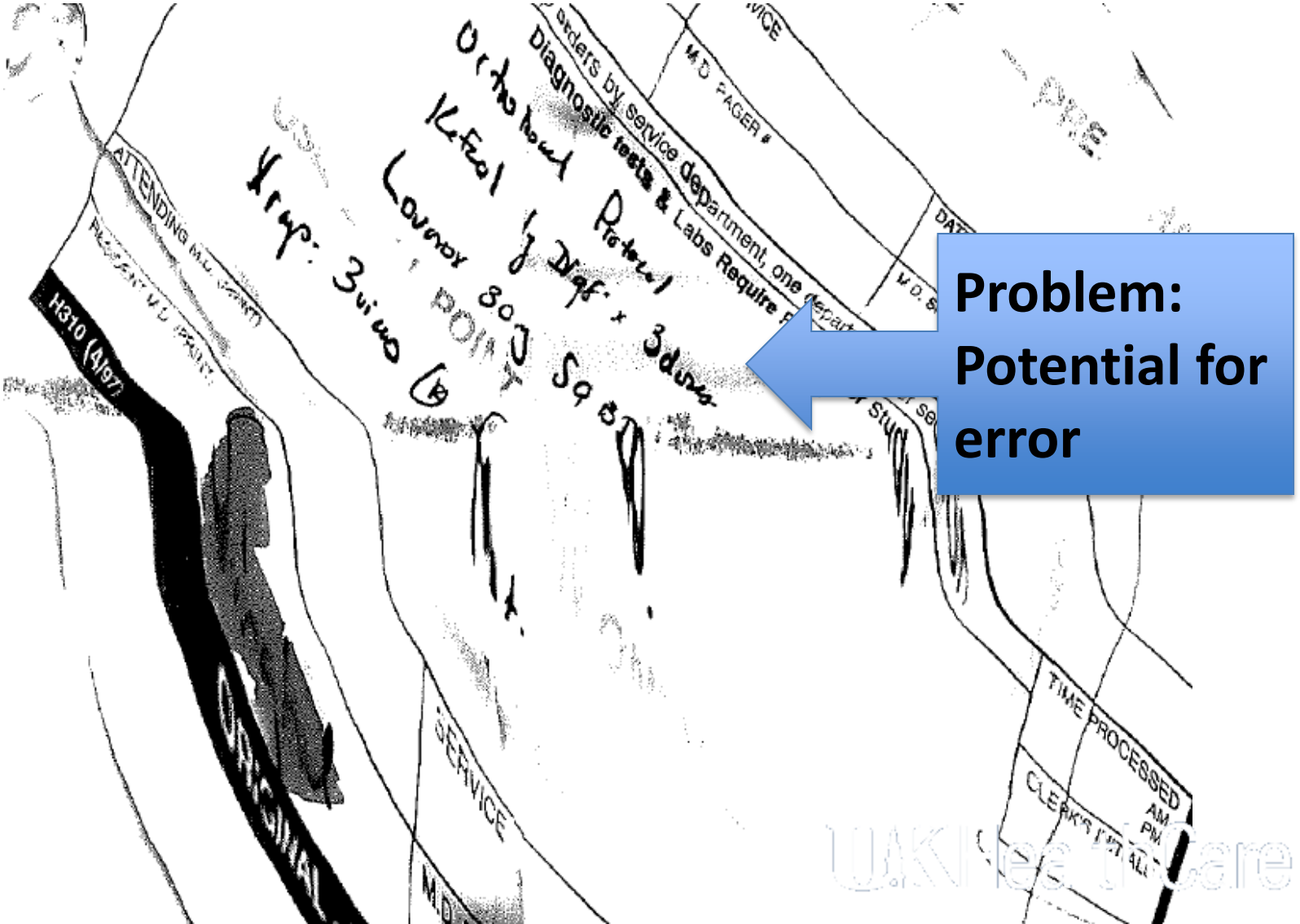
Medical Record #:

Date of Birth:

DATE	
11/22/06	T: 98.2 Mom: 292-0103
	Urine Dipstick checks:
	8/18/04 - Protein 2+ Bld neg
	7/16/04 - Protein 1+
	7/21/05 - Protein 1+ Bld 2+
	7/20/06 - Protein 2+ Bld 1+ Menses
	(Today) 11/22/06 - Protein 2+ Blood 3+

H291 (Rev. 10/96) HISTORY & PHYSICAL/CONSULTS

Problem: Can you read this?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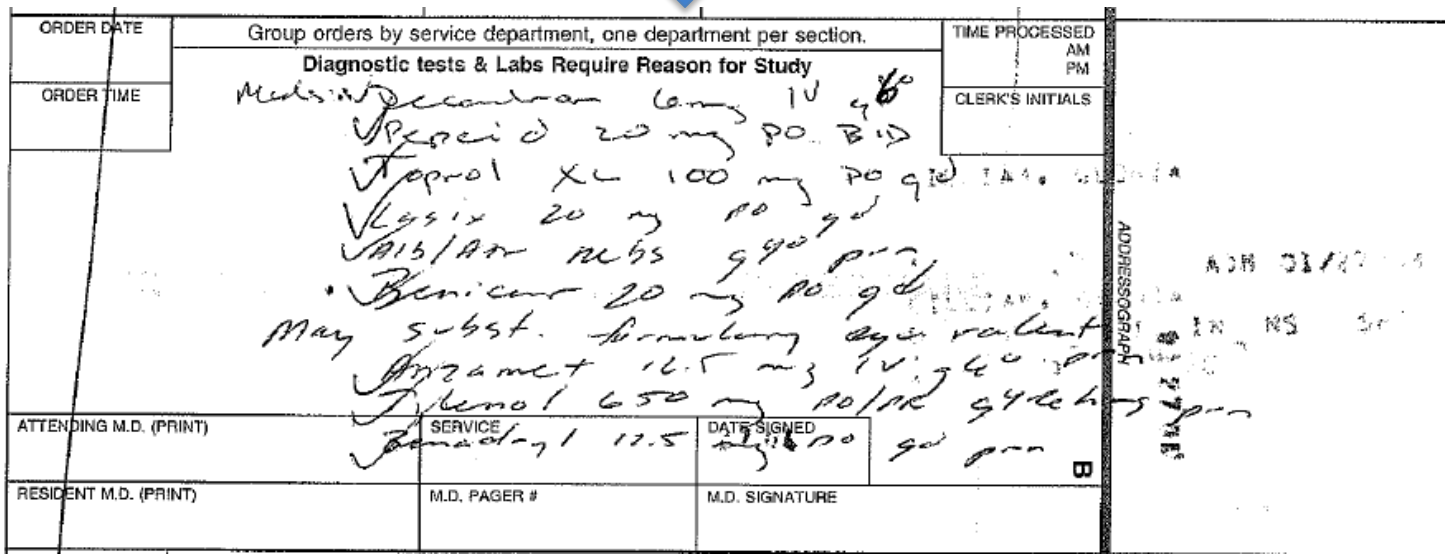
Problem:
Potential for error



Domains of IT in Healthcare

- **Automation: perform repeatable tasks**
- **Connectivity: between sites, between systems**
- **Decision support: provision of information to clinicians to facilitate improved decision making about care**
- **Data mining capabilities: uncover relationships, patterns, etc.**

Where Health Care is Going

Attempts to change how providers are paid have several common elements:

- All payments are value based even if the major goal is cost containment;
- It is assumed that medical guidelines, standards and quality measures will play important roles in management;
- All systems require real-time electronic medical records;
- Most of the systems use teams to provide care.

National Quality Strategy (NQS)

The Affordable Care Act (Public Law 111-148) calls on the Secretary of the Department of Health and Human Services (HHS) to establish a national quality strategy and a comprehensive strategic plan (the "National Quality Strategy") and to identify priorities to improve the delivery of health care services, patient health outcomes, and population health.

Affordable Care Act signed March 31, 2010

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NQS Framework

Aims

"These aims are not separate, but are interrelated and mutually reinforcing...Because of these connections, national priorities should contribute to the achievement of all three aims."

Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.

Affordable Care: Reduce the cost of quality health care for individuals, families, employers, and government.

Healthy People/Healthy Communities: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.

Priorities

- Making care safer by reducing harm caused in the delivery of care.
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.
- Promoting effective communication and coordination of care.
- Working with communities to promote wide use of best practices to enable healthy living.
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Ensuring that each person and family are engaged as partners in their care.

Principles

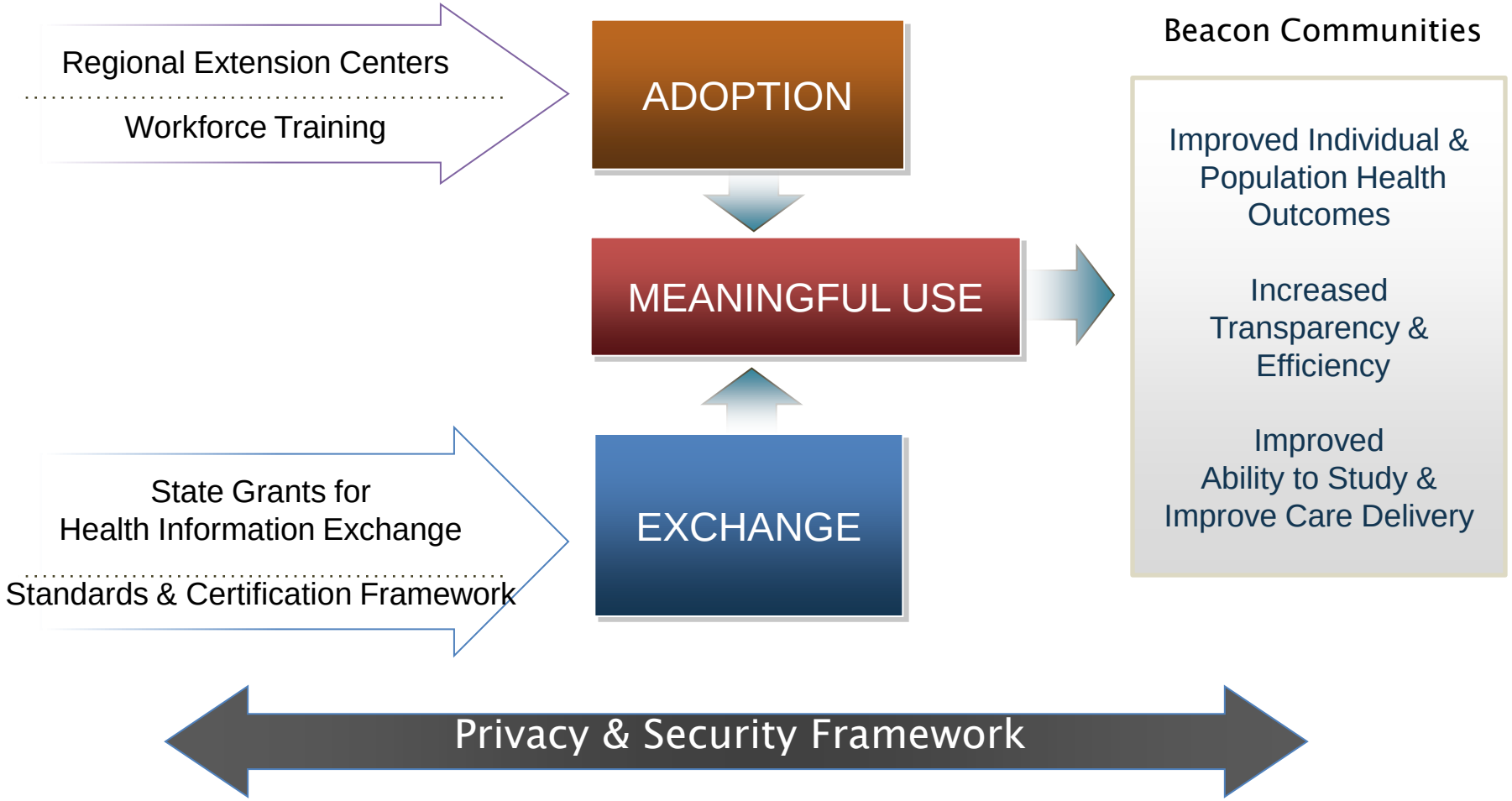
This National Quality Strategy—and all efforts to improve health and health care delivery—must be guided by a core set of principles. We identify 10 principles that can be used when designing specific initiatives to achieve the National Quality Strategy's three aims.

- Attention will be paid to aligning the efforts of the public and private sectors.
- Primary care will become a bigger focus, with special attention towards the challenges faced by vulnerable populations, including children, older adults, and those with multiple health conditions.
- Providing patients, providers, and payers with the clear information they need to make choices that are right for them, will be encouraged.
- Coordination among primary care, behavioral health, other specialty clinicians and health systems will be enhanced to ensure that these systems treat the "whole person".
- Quality improvement will be driven by supporting innovation, evaluating efforts around the country, rapid-cycle learning, and disseminating evidence about what works.
- Person-centeredness and family engagement, including understanding and valuing patient preferences, will guide all strategies, goals, and health care improvement efforts.
- Eliminating disparities in care—including but not limited to those based on race, color, national origin, gender, age, disability, language, health literacy, sexual orientation and gender identity, source of payment, socioeconomic status, and geography—will be an integral part of all strategies, goals, and health care improvement efforts.
- Consistent national standards will be promoted, while maintaining support for local, community, and State-level activities that are responsive to local circumstances.
- Integration of care delivery with community and public health planning will be promoted.
- Specific health considerations will be addressed for patients of all ages, backgrounds, health needs, care locations, and sources of coverage.

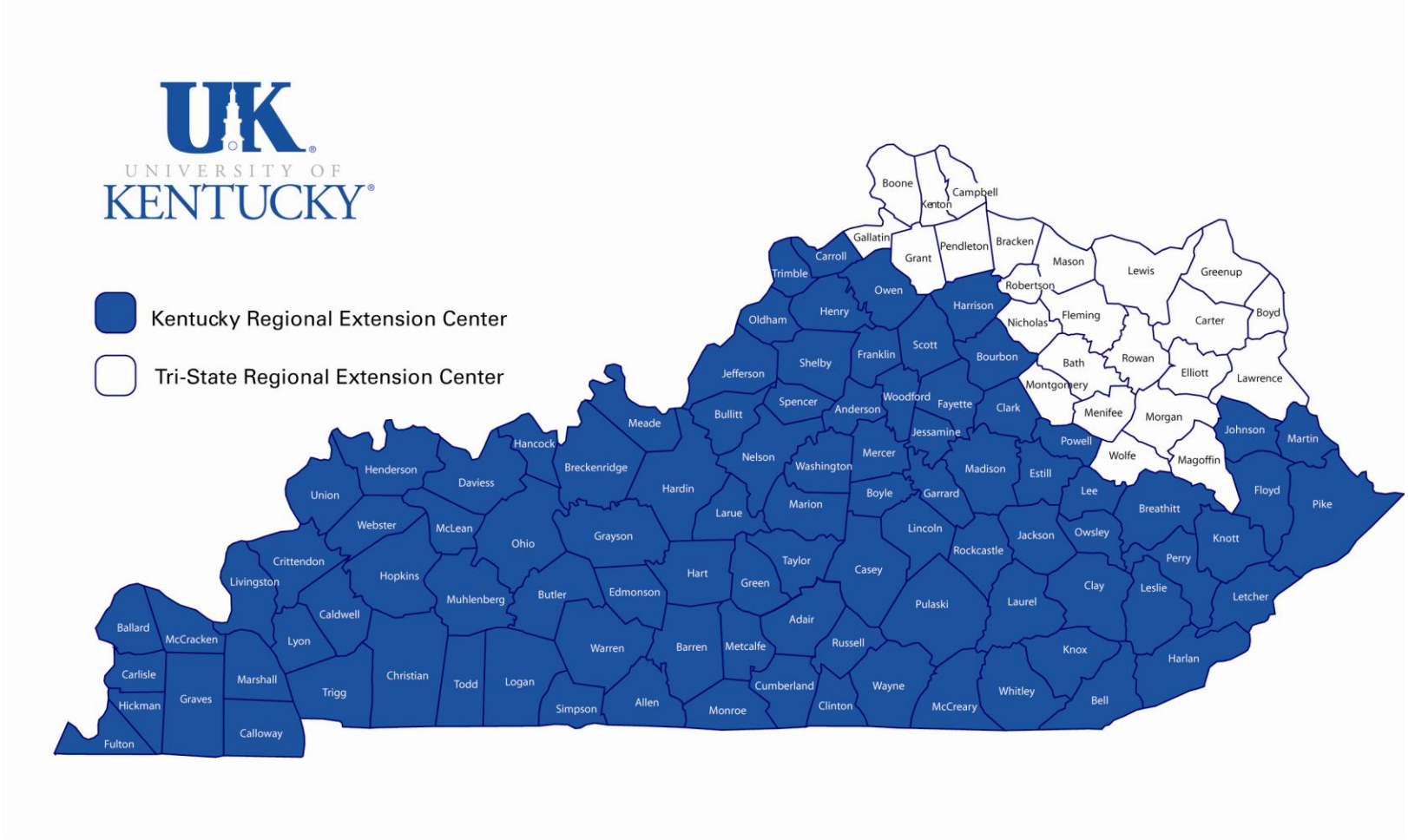
NQS Priorities Supported by MU Stage 2

National Quality Strategy Priorities	HITPC-Proposed Stage 2 MU Requirement
Making care safer by reducing harm caused in the delivery of care	Electronic medication administration record (eMAR) Safety-related clinical quality measures (CQMs)
Ensuring that each person and family are engaged as partners in their care	View & download (similar to Blue Button) Secure messaging New patient-reported CQMs Recording patient preferences
Promoting effective communication and coordination of care	More robust HIE expectations Shared care plan List of care team members
Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease	Higher thresholds

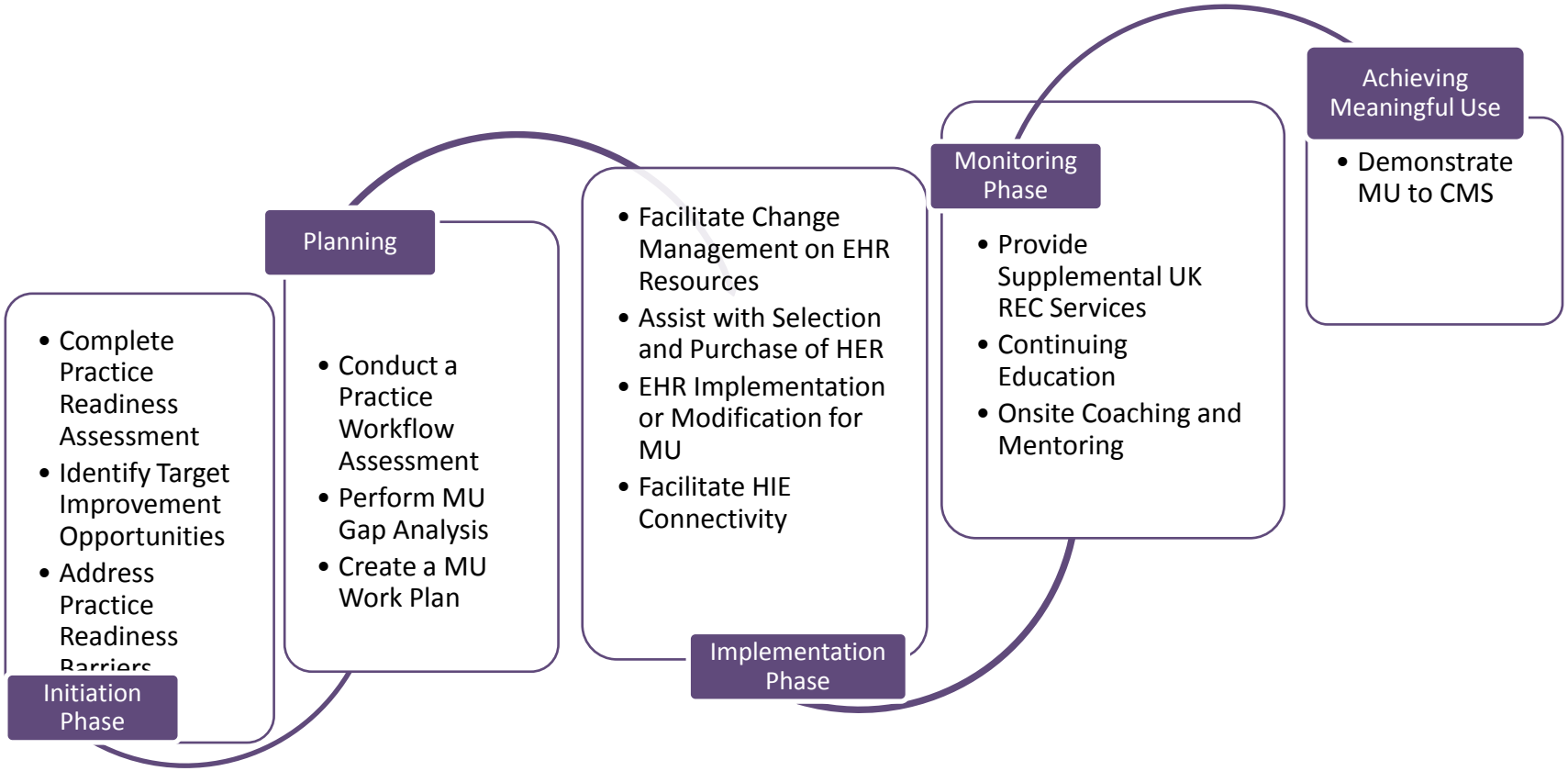
HITECH Framework: MU at its Core



Kentucky Regional Extension Center



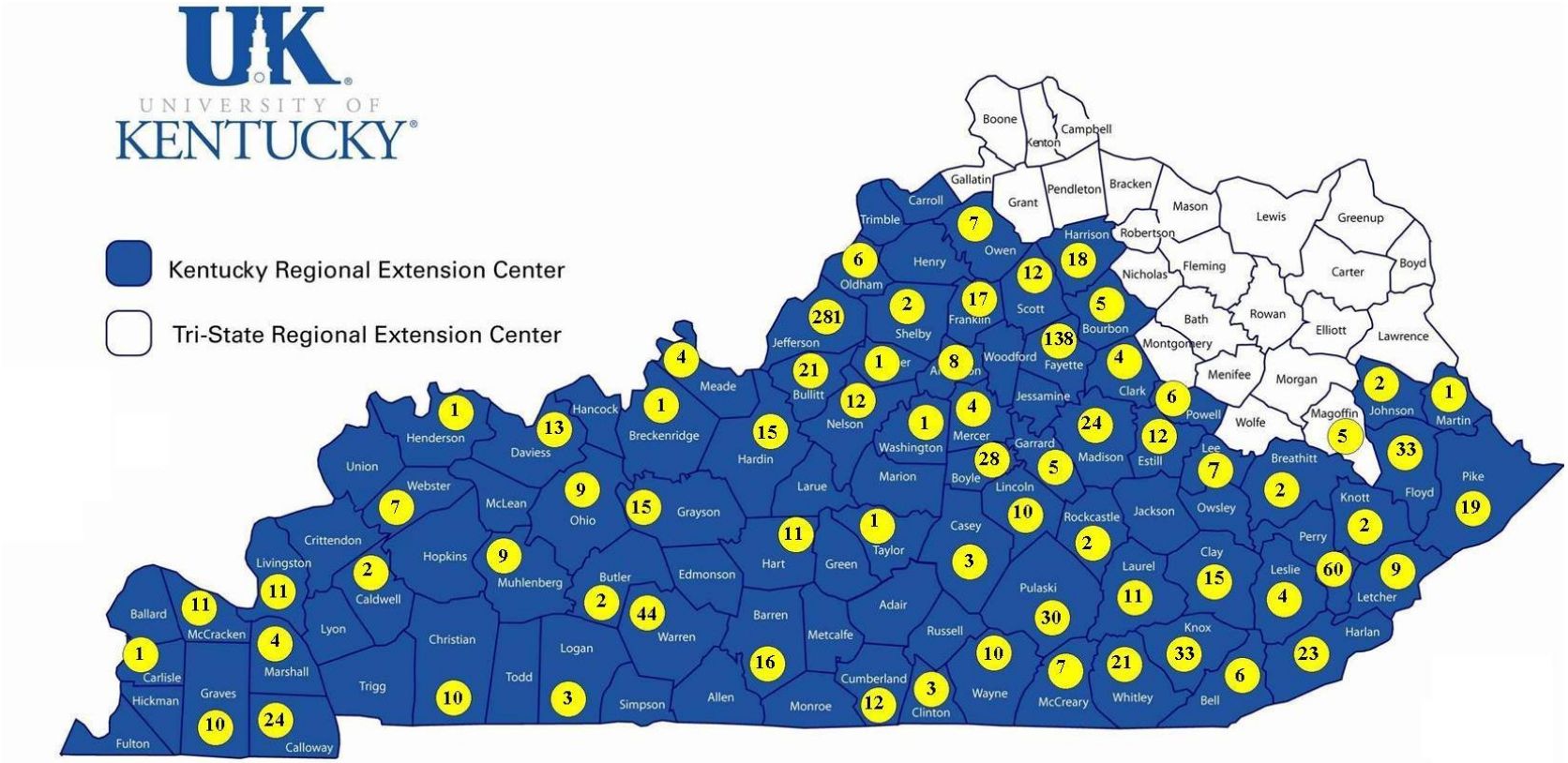
Menu of REC Services



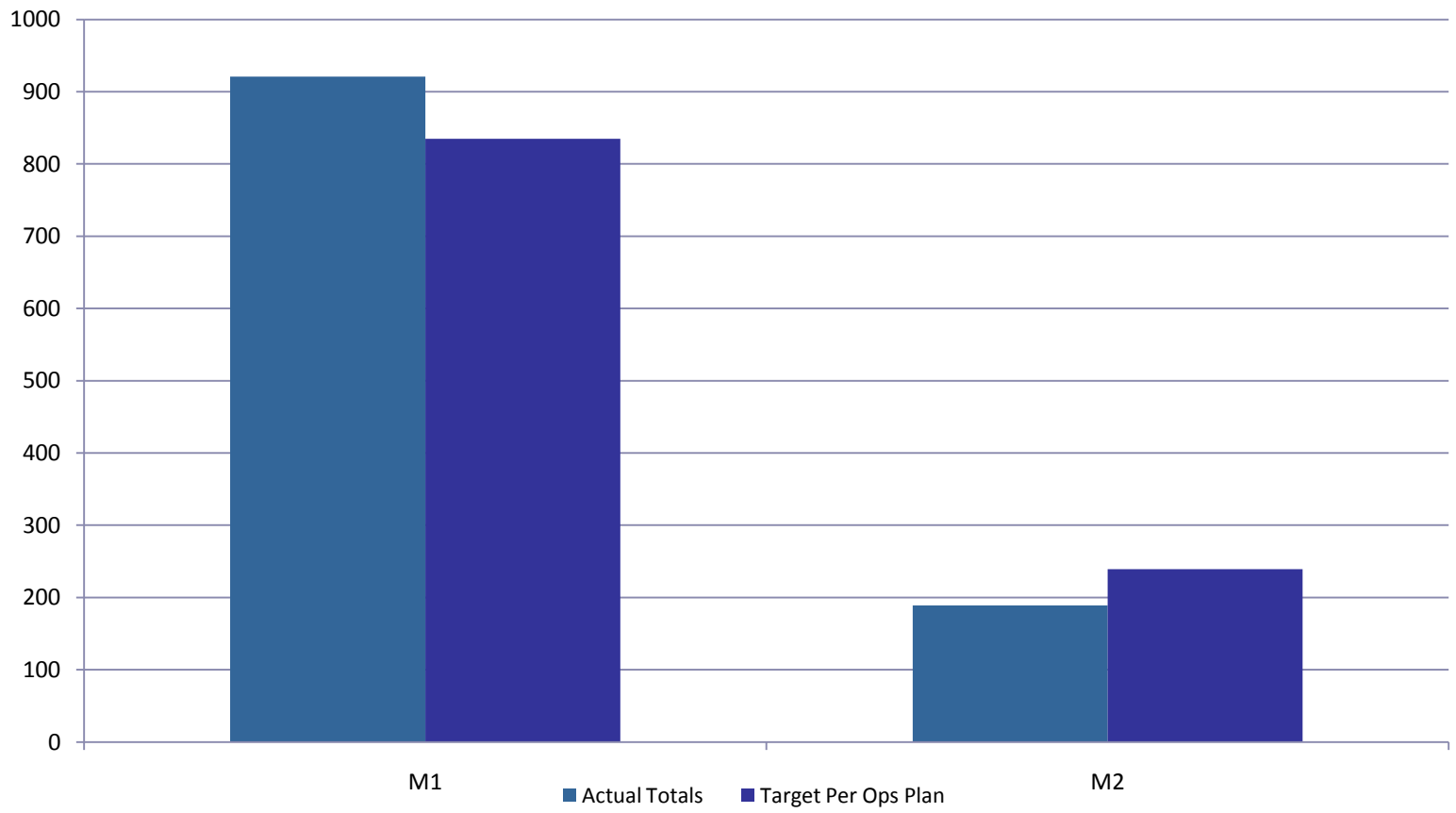
Are you eligible for incentives?

Eligible Providers- Medicare	Eligible Providers- Medicaid
Eligible Professionals (EPs)* Doctor of Medicine or Osteopathy Doctor of Dental Surgery or Dental Medicine Doctor of Optometry Doctor of Podiatric Medicine Chiropractor	Eligible Professionals (EPs) Physicians (Pediatricians have special eligibility and payment rules) Nurse Practitioners (NPs) Certified Nurse-Midwives CNMs) Dentists Physician Assistant (PAs) who lead a FQHC)or rural health clinic
Eligible Hospitals* Acute Care Hospitals Critical Access Hospitals (CAHs)	Eligible Hospitals Acute Care Hospitals, Critical Access Hospitals Children's Hospitals

KY-REC: PPCPs Signed (8/30)

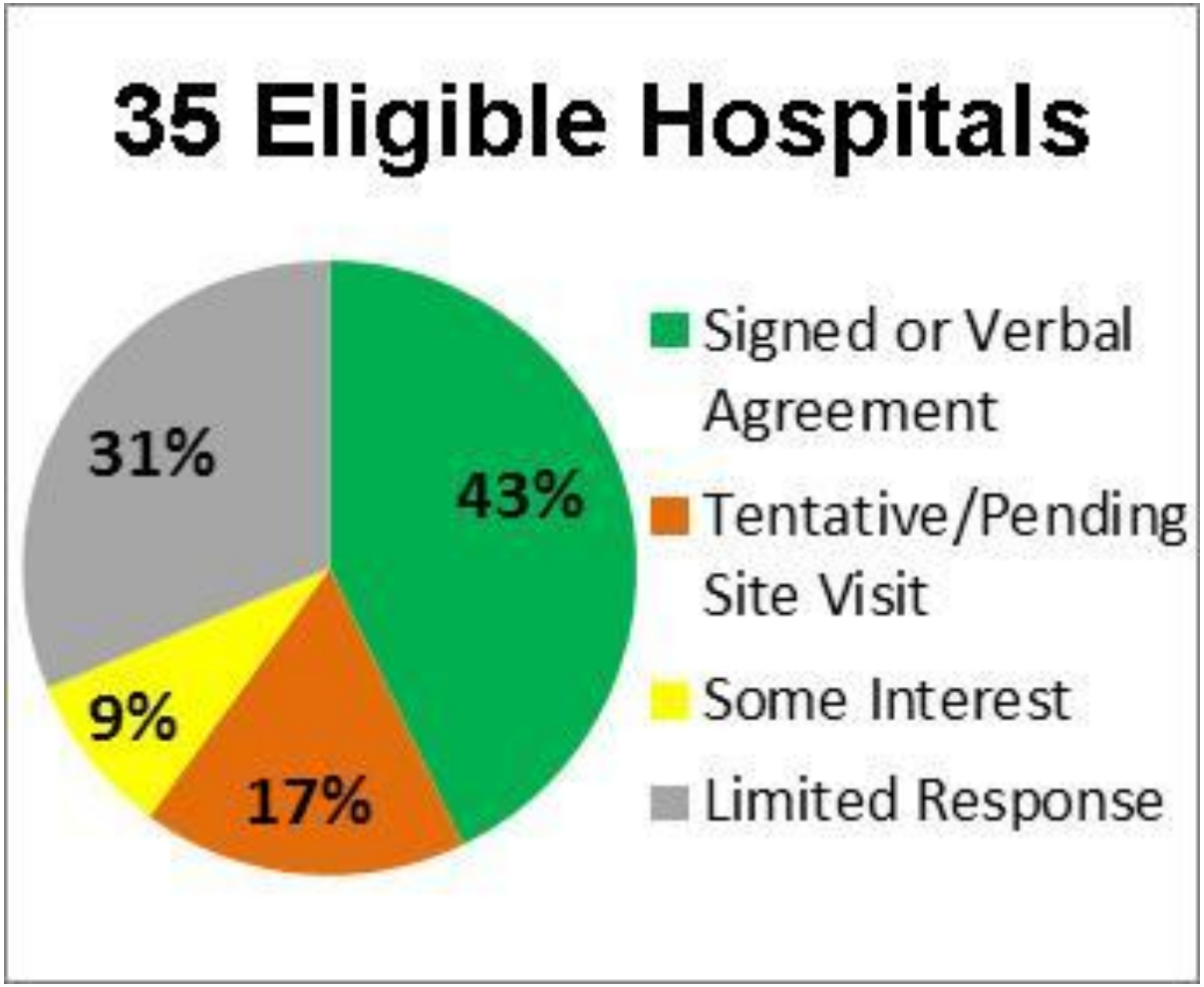


KY REC PPCP Recruitment Update



*Milestones identified in this graph include those M1s that are *"In Progress"*. This means that the Provider has signed a Provider Agreement with the REC, but has not been uploaded into SalesForce yet due to a variety of reasons, including receipt of Agreement in-house, execution internally, and/or delay on Patient Demographics & Provider Information.

KY-REC Eligible Hospitals



AIU / Meaningful Use

Kentucky REC Metrics	
# PPCPs Signed	> 1165 in 96 KY counties, **~85%** (921 Direct / 244 Tri-State)
# PPCPs AIU (7/19)	316 unique PPCPs signed with KY-REC (**~ 23%**)
Medicaid Incentives Paid	**~$8.3 million**
# Non-PPCPs Signed	> 165 in 96 KY counties
Critical Access & Rural Hospitals	
# CAH/RHs Signed	14
# CAH/RHs AIU	2
Medicare Meaningful Use Attestation	9 PPCPs (in Tri-State area), 1 Rural Hospital (Clinton Co.)

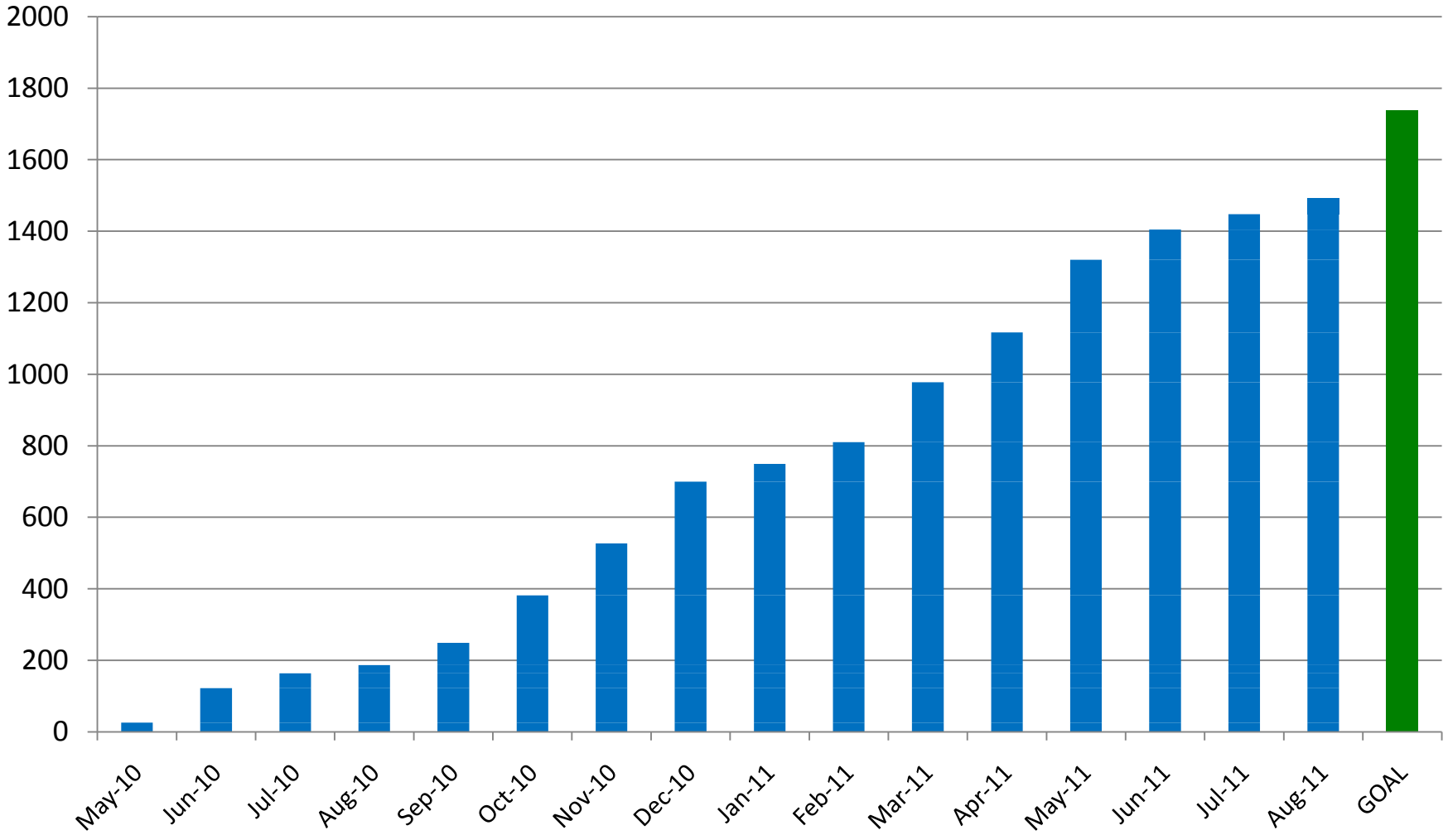
As of August 29, 2011:

Over 1165 PPCPs from 96 Kentucky Counties are enrolled as KY-REC Clients (Direct & Tri-State)

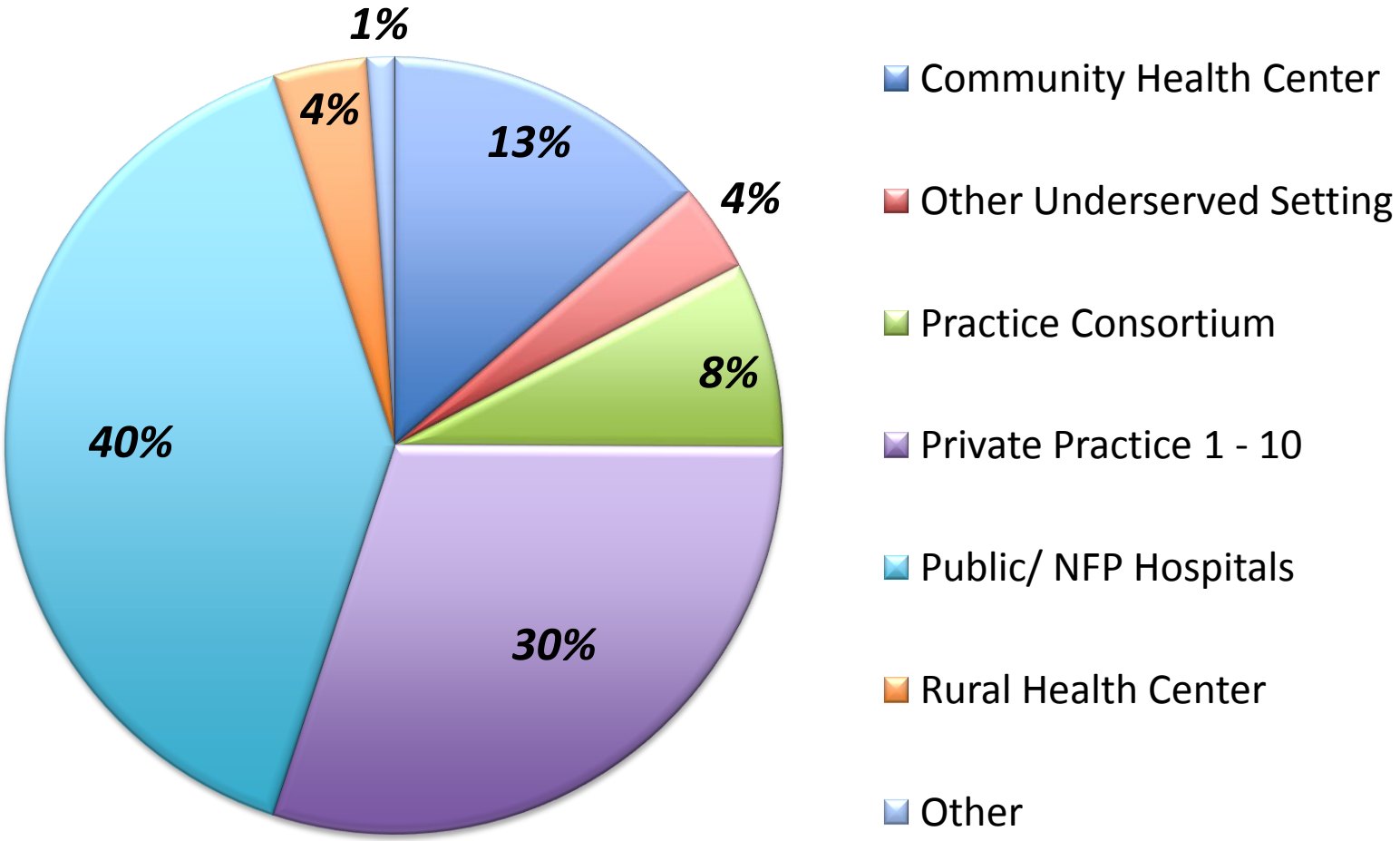
Over **95% of Kentucky's Federally Qualified Health Care Centers** are enrolled as KY-REC Clients

Over 316 unique EP's have successfully adopted, implemented or upgraded to a certified EHR and qualified for their Year One EHR Incentive Payment

Tri-State REC PPCP Recruitment Update



Tri-State REC Recruitment by Organization Type



HIT Workforce Development

Jefferson Community and Technical College

- Total Number Enrolled: 140
- Actively Enrolled: 92
- Graduated: 20
- Completed HIT Pro Exam: 10

Healthcare Today

A Disconnected System

- Disconnected islands of data
- Poor coordination
- Fragmented processes
- Limited connectivity
- Patients and clinicians often left without tools and data required

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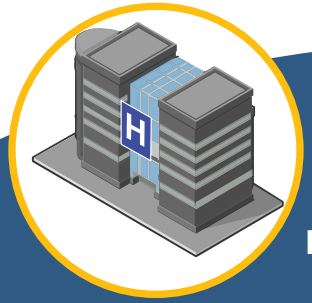
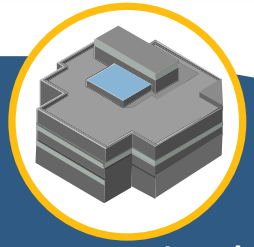
What's Possible?

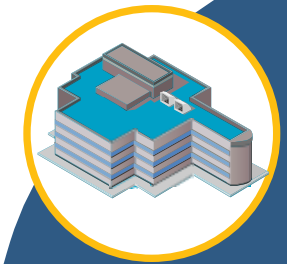
With a Connected Community

Better Coordination
Safer Care
More Cost-Effective Care


Hospitals


Imaging Center


Tightly Aligned Physicians


Owned Practices/ Clinics


Community Pharmacy


Reference Lab


Non-affiliated Practices


Patients


Loosely Affiliated Physicians

eHealth and HIE in Kentucky

TODAY Kentucky has a LIVE operational state-wide health information exchange because…

eHealth Milestones

- **March/2005**
  - Legislation (Senate Bill 2) to create a secure interoperable statewide electronic health network
    - Kentucky eHealth Network Board (KeHN)
    - Appointment of **Health Information Exchange** committee
- **2007 – 2008**
  - Medicaid Transformation Grant Funding – $4.9 million
  - Built the technical infrastructure for the KHIE
- **2009**
  - ARRA/HITECH Funding - $9.75 million
  - Provides Kentucky the advantage in progressing towards STATE-wide HIE
  - Governor's Office of Electronic Health Information
    - Executive Order of the Governor
    - Housed in the Cabinet for Health & Family Services

KHIE Goal

Provide HIE Connectivity to as many providers as possible over the next two years with little or no startup cost to the providers

Participation Agreements Signed

Total 58 – represents 91 provider organizations:

19 Healthcare Systems/Hospitals

- Representing 50 hospitals

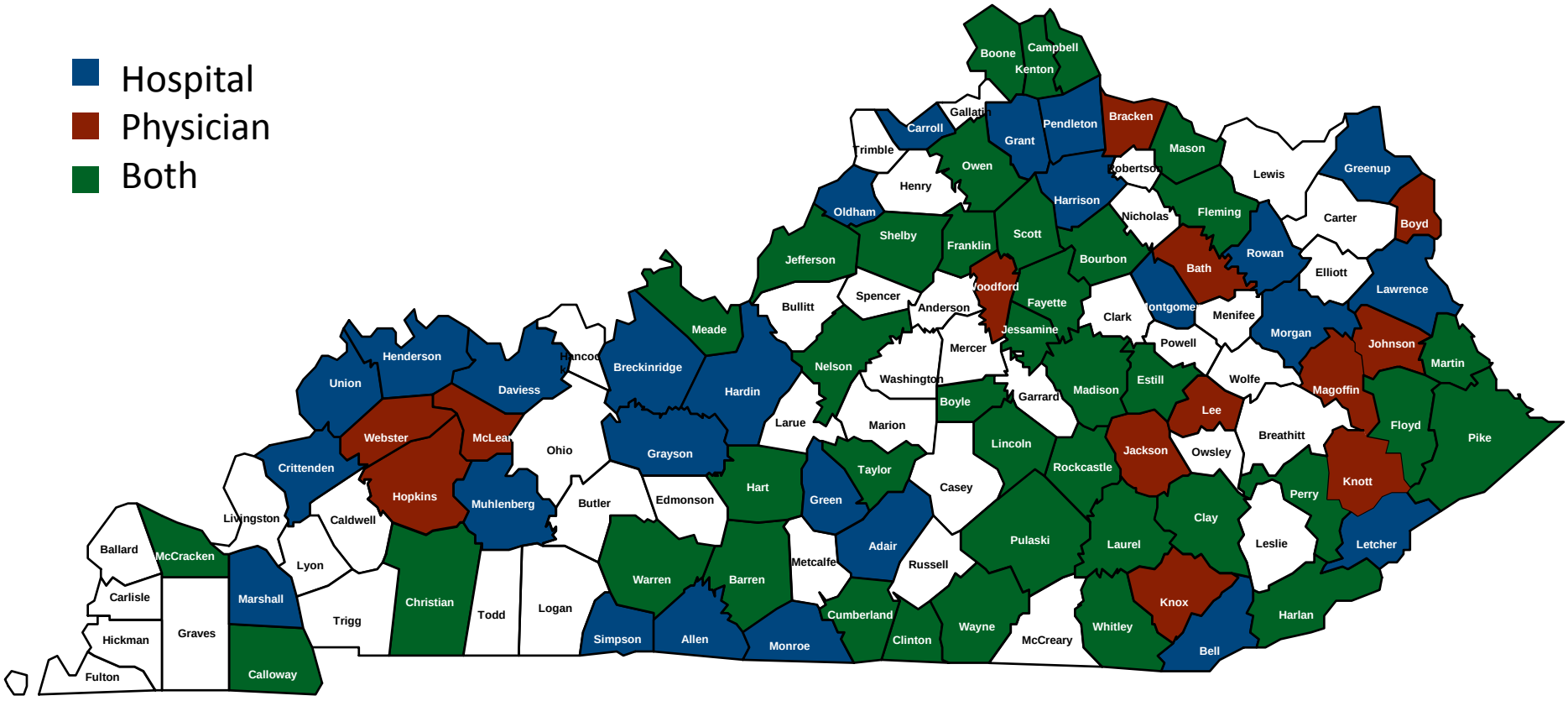
Physicians/Clinics/Health Departments

- 44 physician offices/clinics & 1 Health Department

Laboratories

- LabCorp
- Cumberland Medical Lab
- Kentucky Division of Laboratory Services

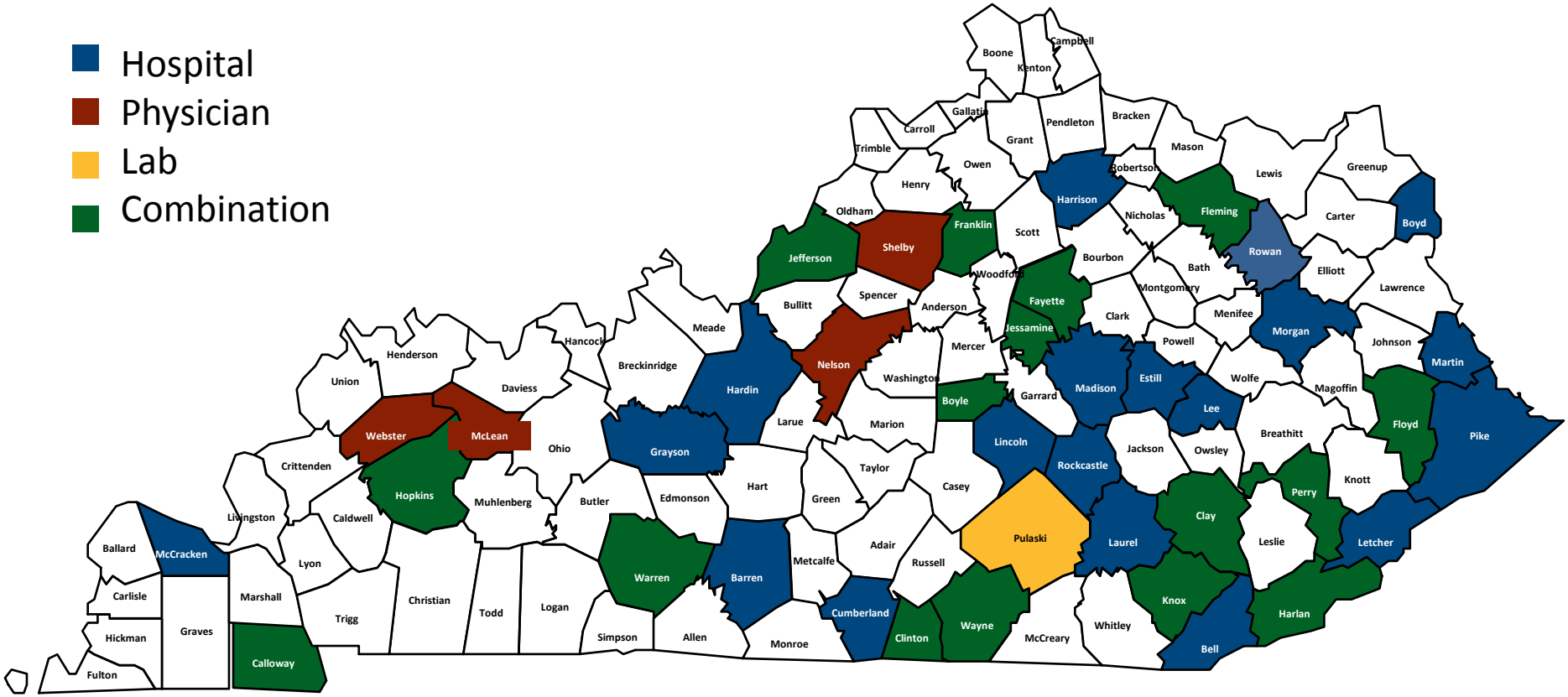
KHIE Implementation Queue



266 Combined Hospitals/Physicians/Labs/Other by County
As of 08/31/2011

Participation Agreement Distribution

- Hospital
- Physician
- Lab
- Combination



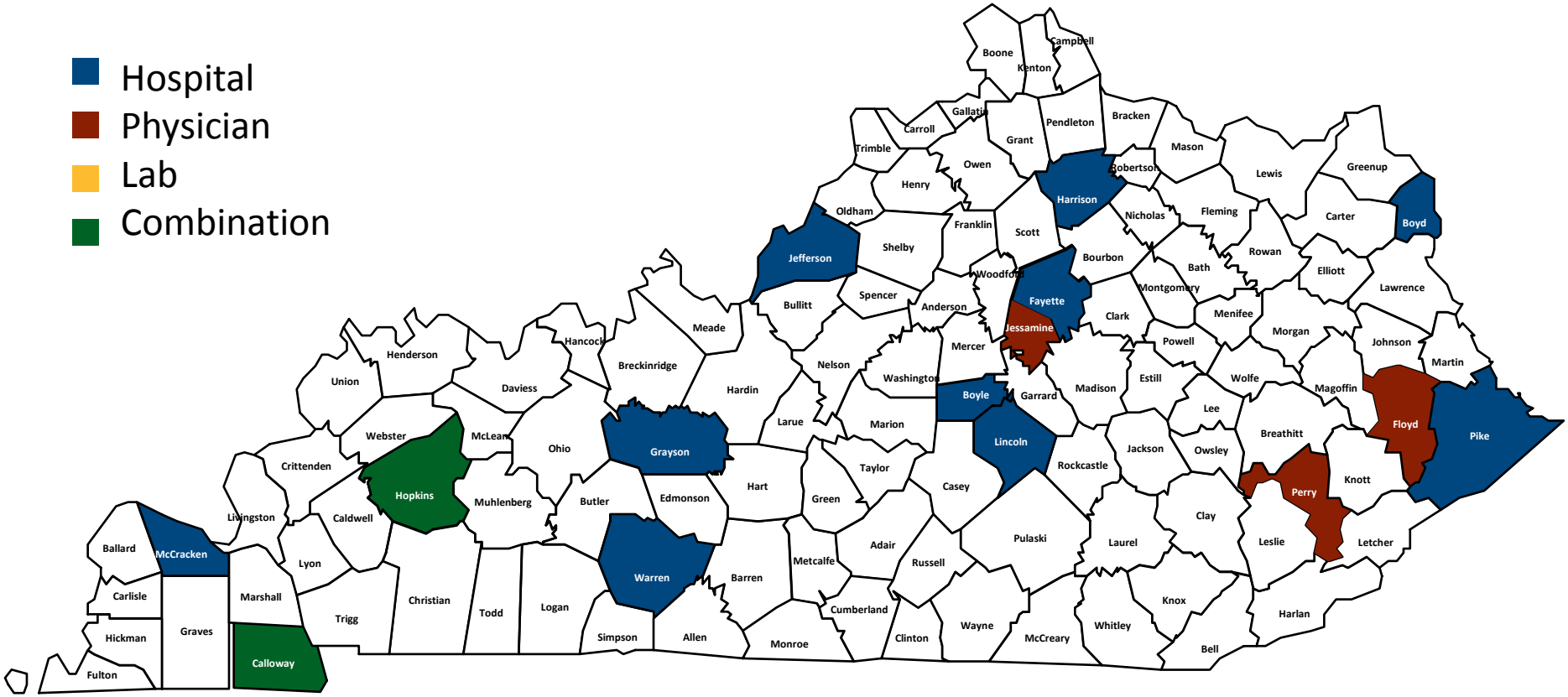
Other Participation Agreements:

- Kentucky Immunization Registry
- Kentucky Cancer Registry
- Kentucky State Laboratory
- Cumberland Medical Lab
- Labcorp

As of 8/31/2011

KHIE Live Connections

- Hospital
- Physician
- Lab
- Combination



Others:

- Kentucky Immunization Registry
- Kentucky Division of Laboratory Services (Microbiology)

As of 9/3/2011

Current Data Exchange

Participant	ADT	LAB	RAD	TRN	MRG	VXU	Silver (pull CCD)	Other
Pikeville Medical Center							X	
University of Kentucky							X	
Trover Clinic							X	
University of Louisville	X	X	X	X	X			
Murray Calloway County Hospital	X	X			X			
Ky. Dept. of Veteran's Affairs Long Term Care								VHR
Commonwealth Health Corporation (Bowling Green)	X	X	X	X	X			
Ephraim McDowell Hospital	X	X	X	X	X			
Baptist Healthcare System, Inc.							X	
King's Daughters Medical Center	X	X			X			
Twin Lakes Medical Center	X		X	X	X			
Big Sandy Health Care	X							
Harrison Memorial Hospital						X	X	
Ky. Div. of Laboratory Services								Micro results
Lourdes Hospital	X				X			
Ky. Immunization Registry								Phase 1 live

As of 9/3/2011

Medicaid Incentive Payments

- **49 Hospitals paid $38.09 million**
- **393 Providers paid $8.35 million**
- **Total Paid $ 46.4 million**

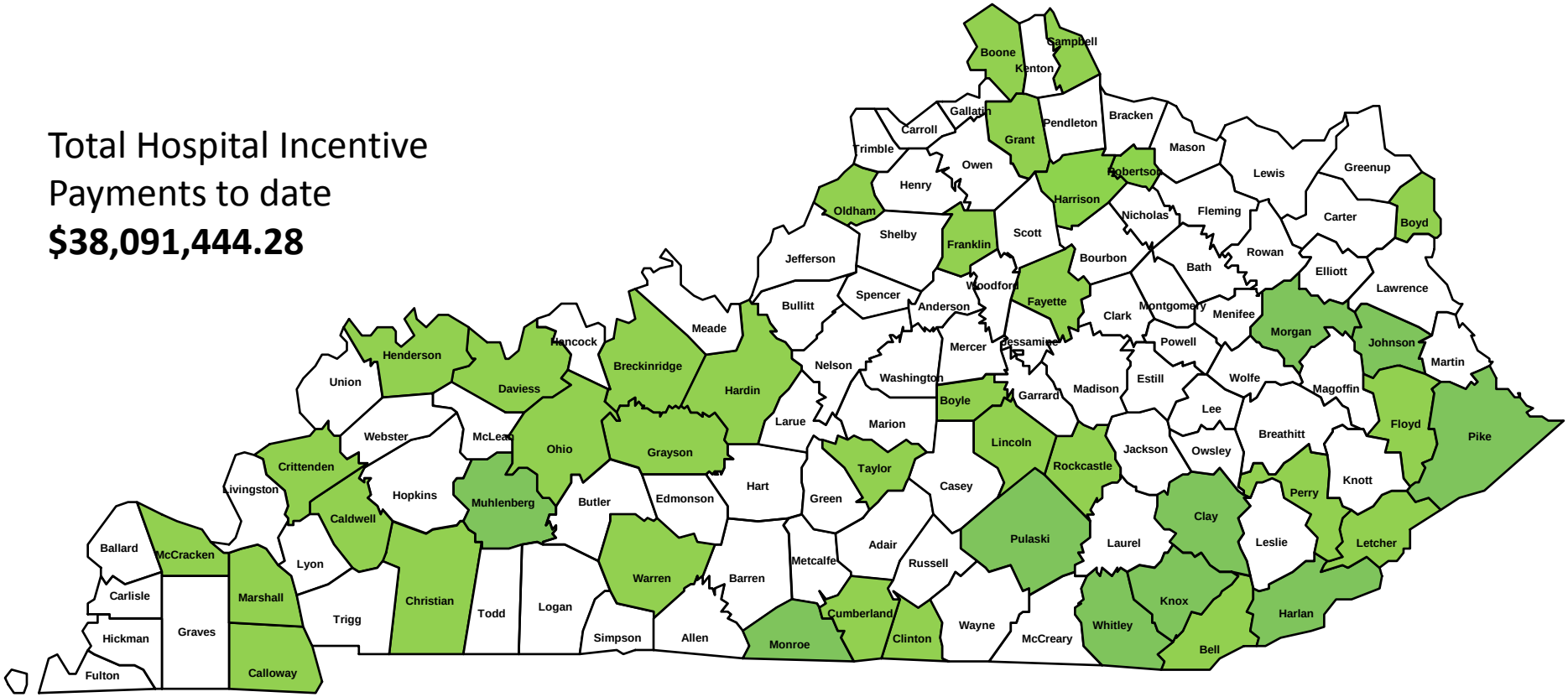
78 hospitals registered for payment

779 providers registered for payment

Hospital Payments by County

Total Hospital Incentive Payments to date

$38,091,444.28

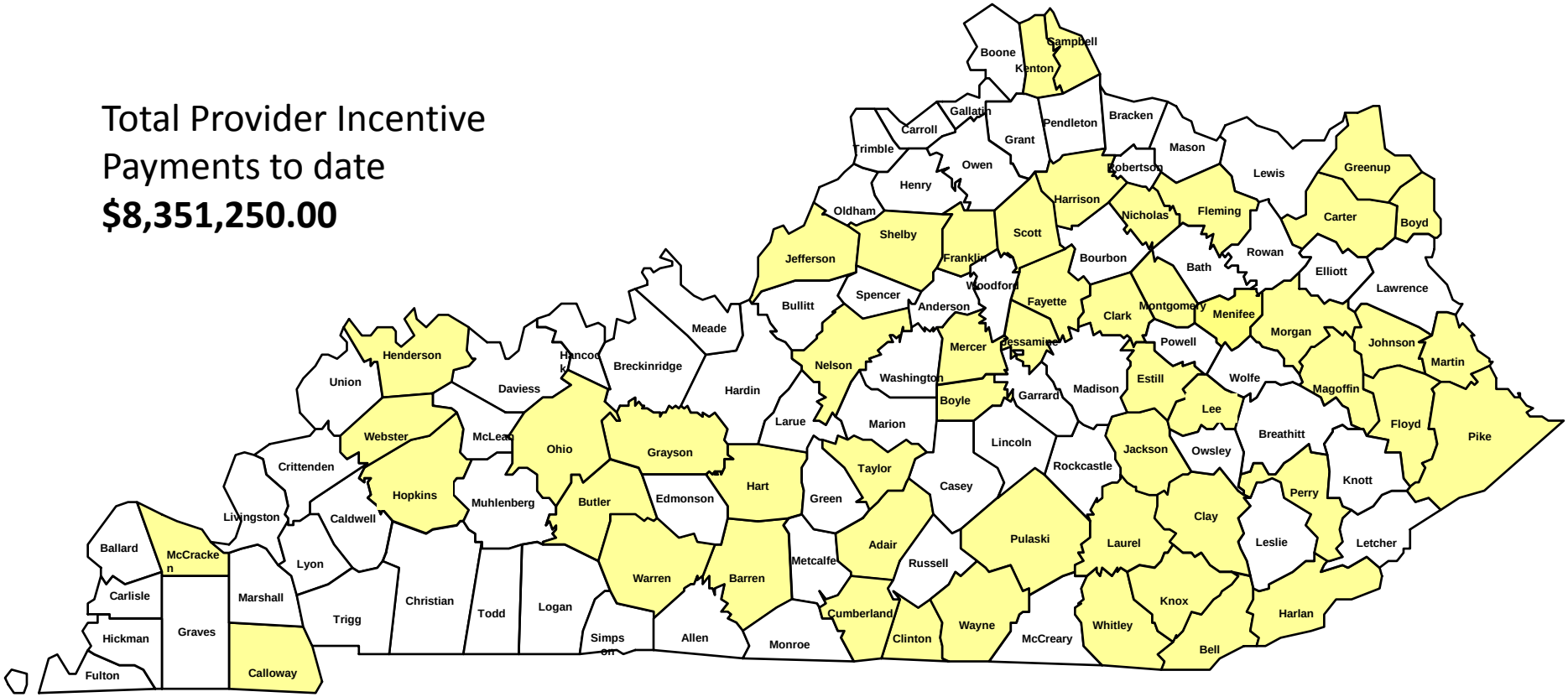


As of 9/1/2011

Physician Payments by County

Total Provider Incentive Payments to date

$8,351,250.00



As of 9/1/2011

Benefits of HIE Participation

Access to comprehensive patient information

- Encounters
- Lab results
- Radiology reports
- Transcribed reports
- Medication history/allergies

Meaningful Use criteria

- Immunization Registry/Reportable diseases

KHIE and Meaningful Use

Menu Criteria: EHs and EPs must meet 5 of these, including one public health objective (i.e. may opt out of 5)

Drug-formulary checks	Incorporate clinical lab test results as structured data	Generate lists of patients by specific conditions	Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
Medication reconciliation	Summary of care record for each transition of care/referrals	Send reminders to patients per patient preference for preventative/follow-up care (EPs only)	Provide patients with timely electronic access to their health information (EPs only)
Record advanced directives for patients 65 years or older (EH only)	Capability to provide electronic submission of reportable lab results to public health agencies (EHs only)	Capability to submit electronic data to immunization registries/systems	Capability to provide electronic syndromic surveillance data to public health agencies

Questions?

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